

# PROJECT EVALUATION SUMMARY SHEET

Lead Agency Name: \_\_\_\_\_  
 Lead Agency Number: \_\_\_\_\_  
☐ CCG ☐ MIP ☐ I&E

OFP Consultant: \_\_\_\_\_ Approved: ☐ Y ☐ N  
 Evaluation Liaison: \_\_\_\_\_  
 Revised: ☐ Y ☐ N Date: \_\_\_\_\_

## Part 1: Statewide Evaluation

Requirement (# of matches, based on annual funding) \_\_\_\_\_ Program \_\_\_\_\_ Comparison

A. Program Group (for all projects)

Intervention		Curriculum Length		Participants			Surveys		
SOW page #	Name	# Hours (at least 8)	# Days/Weeks/Months (e.g. 1 hr/week for 8 weeks)	# in intervention	# to be surveyed	Age	Type*	Date to begin <i>pre</i> surveys (month/year)	Date to begin <i>post</i> surveys (month/year)

B. Comparison Group (for projects funded \$125,000 and more)

Participants			Surveys		
# in intervention	# to be surveyed	Age	Type*	Date to begin <i>pre</i> surveys (month/year)	Date to begin <i>post</i> surveys (month/year)

\*Youth, Teen, Parent or Other

## Part 2: Continuous Program Improvement (CPI) Evaluation

Requirement (for all projects): One (1) CPI Tool

CPI Tools	SOW Page #	Curriculum/ Intervention Name	CPI Due Dates		
<input type="checkbox"/> Curriculum Review <input type="checkbox"/> Implementation ? Educator Version   ? Observer Version <input type="checkbox"/> Participant Satisfaction ( <i>date approved:</i> _____) <input type="checkbox"/> Training and Support			Initial submission of completed tool	Review/feedback from liaison	Final debrief with liaison and OFP

I have reviewed the above and agree with the expectations for my project.

\_\_\_\_\_  
 Signature of Project Coordinator/Director

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Project Contact for Evaluation

\_\_\_\_\_  
 Email

\_\_\_\_\_  
 Phone